



Pathology Laboratory  
CryoLife, Inc.  
1655 Roberts Boulevard, NW  
Kennesaw, GA 30144  
770-419-3355

### Cardiac Pathology Report

Specimen Number	H13-1006	Donor Name	Andrews, Micah
ME Case Number	N/A	Recovery Partner Xref	1310390
Donor Number	123440	Recovery Partner Name	LifeLink of Georgia
Date Received	4/13/2013	Recovery Partner City	Norcross
Date Reported	4/17/2013	Recovery Partner State	GA

#### Final Diagnosis

#### Residual heart tissue (304 grams):

- Left ventricle wall perivascular fibrosis.
- No overt acute ischemic changes are seen.
- Coronary atherosclerosis; LAD 60%.
- No acute coronary thrombosis is seen.

#### Clinical History

Age	38	Height	74 in
Sex	Male	Weight	226 lb

Medical History      MVA, EMS transported to ER, pronounced. Cause of death "blunt force trauma". History  
Provided by Recovery      of tobacco use, ETOH use.  
Partner

#### Procurement Notes

##### Reported Recovery Notes

Estimated pericardial fluid      2 mL, Clear  
Pulmonary Embolism?      No

#### Dissection Notes

Undissected Gross Description      Heart appeared grossly normal with apex opened.

Description	Size
Aortic Valve & Conduit	19mm x 6.5cm

#### Dissection Notes

The conduit length of the innominate artery is 0.5cm. The conduit length of the carotid artery is 0.5cm. The conduit length of the subclavian artery is 0.5cm. Fenestrations: LSC(PSC) - one 1mm, Fibrous thickening at the base of all leaflets. Fibrous ridge with spicules on the PSC. Fibrous tip on the PSC. Moderate plaque on the AML. Light plaque in conduit. Not processed due to current processing directives. Valve utilized in clinical, research, or educational studies. Not received by Pathology.

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PLAINTIFF'S  
EXHIBIT

PX 212

ANDREWS 0185

Description	Size	Dissection Notes
Pulmonary Valve & Conduit	23mm x 4.5cm	Fenestrations: ASC(RSC) - one 3mm and three 1mm. Fibrous thickening on the RSC base. Fibrous tip on the ASC. Light plaque in artery.

### Gross Description

#### General

Specimen Received      Dissected residual heart

Pre-dissection Weight	413	grams
Normal range*	299 - 521	grams
Post-dissection Weight	304	grams

\*Normal heart weight ranges represent the lower and upper 95% confidence limits respectively for the predicted normal heart weight as a function of gender, age and body weight. Data from Silver MM, and Silver MD; Examination of the Heart and of Cardiovascular Specimens in Surgical Pathology, p. 8-9. In Silver MD, Gotlib AI, Schoen FJ, eds: Cardiovascular Pathology. 3rd Ed. Philadelphia, Churchill Livingstone, 2001.

Pre-dissection weight includes heart and additional tissue.

#### Epicardium

Epicardium      Normal

#### Myocardium

Myocardium      Normal

##### Average Myocardial Thickness

LV	1.2	cm
IVS	1.3	cm
RV	0.3	cm

Ventricular Dilatation      Not Present

#### Endocardium

Endocardium      Normal

Mural Thrombosis      Absent

#### Atria

Atria      Abnormal

There is a right atrial dilatation.

#### Coronary Arteries

Circulatory Configuration      Right Dominant

Proximal Coronary Artery Anatomy      See Dissection Notes

Maximum % Occlusion

Left Main	NA	%
Left Anterior Descending	60	%
Left Circumflex	0	%
Right Coronary	0	%

Coronary Thrombosis      Not Seen

#### Valves

Mitral Normal

Leaflets are thin, delicate and freely moveable without vegetations. The chordae tendineae are not shortened or fused. Papillary muscles are unremarkable.

Tricuspid Normal

Leaflets are thin, delicate and freely moveable without vegetations. The chordae tendineae are not shortened or fused. Papillary muscles are unremarkable.

Pulmonary See Dissection Notes

Aortic See Dissection Notes

#### Histologic Sections

A Left Ventricle

B Interventricular Septum

C Right Ventricle and Right Coronary Artery

D Atria - Sinoatrial Node - Left Anterior Descending Coronary Artery

#### Microscopic Description

Sections of the left ventricle wall reveal perivascular fibrosis. Section of the right ventricle wall reveals unremarkable endocardium, myocardium, and epicardium. No overt necrosis, hemorrhage, or inflammatory infiltrate is seen. Sections of the coronary arteries reveal luminal narrowing due to atherosclerosis. No acute intraluminal coronary thrombus is seen. The sections of the right atrial wall reveal an unremarkable SA node.

Thadeus J. Schulz, M.D.  
Pathologist

End of Report